



## STUDENT RECORD RELEASE

*One copy of this page to be completed for each school from which records are required.*

### RELEASING SCHOOL

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email address for Guidance Department: \_\_\_\_\_

Date: \_\_\_\_\_

### RECEIVING SCHOOL

**Name:** Sussex Christian School

**Address:** 45 Chapman Drive  
Sussex, NB E4E 1M4

**Email:** [info@sussexchristianschool.ca](mailto:info@sussexchristianschool.ca)

My child(ren) has/have withdrawn from your school. Please release their academic and health records to the above-named receiving school.

Student's Name: (First-Last)	Age	Grade level at time of withdrawal

**Signature(s):**

\_\_\_\_\_  
*Parental Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Receiving School Signature*

\_\_\_\_\_  
*Date*